

**DAIL-ALC-1 ASSISTED-LIVING COMMUNITY CERTIFICATION APPLICATION**  
CABINET FOR HEALTH AND FAMILY SERVICES – DEPARTMENT FOR AGING AND INDEPENDENT LIVING

Edition 11/07

Check one: Initial Cert. \_\_\_\_\_; Annual Cert. \_\_\_\_\_; Cert. # \_\_\_\_\_ Other or Change of information \_\_\_\_\_

1. Assisted-Living Community (ALC) Name: \_\_\_\_\_
2. Physical address: \_\_\_\_\_ County \_\_\_\_\_
3. Mailing address of ALC: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_; Fax # \_\_\_\_\_
5. Person and mailing address to receive notices of action on the application or certification once granted:  
\_\_\_\_\_
6. Federal Tax ID Number: \_\_\_\_\_
7. Number of Living Units for which certification is sought: \_\_\_\_\_
8. Estimated Number of adult persons for which services will be provided: \_\_\_\_\_
9. Opening date of ALC: \_\_\_\_\_
10. Beginning construction date of ALC: \_\_\_\_\_
11. Is a current copy of all required building and life safety code certificates or permits enclosed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Comments \_\_\_\_\_
12. Name and business address of owner of ALC \_\_\_\_\_  
Name and business address of manager of ALC \_\_\_\_\_  
\_\_\_\_\_

**Required Enclosures**

Nonrefundable certification fee of twenty dollars (\$20) per living unit (a minimum of \$300; a maximum of \$1,600). Check made payable to Kentucky State Treasurer and mailed to The Department for Aging and Independent Living, 275 East Main St. 3W-F, Frankfort, KY 40621\*

Floor plan of ALC that identifies living units, central dining, laundry facility and central living room.\*\*

Current copy of a blank lease agreement and any documents which are incorporated by reference.\*\*

Copy of written materials used to market the ALC, including materials that market any special programming, staffing or training.\*\*

\*Initial and Annual Certification

\*\* Initial (and Annual Certification, if changed since last submission)

**Important, this section must be completed.**

I have reviewed KRS 194A.700 through KRS 194A.729, KRS 216.785 through KRS 216.793, and 910 KAR 1:240 relating to assisted living communities. As an Applicant, I believe that this Community has the Certification Requirements in place and is capable of and agrees to comply with the conditions set forth in all related requirements.

\_\_\_\_\_  
Name and title of applicant (must be either owner or manager)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date